

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

# WATER TREATMENT TOUR & STREAM CLEAN

**Wednesday - April 17, 2019**  
**10:00 - 3:00pm**

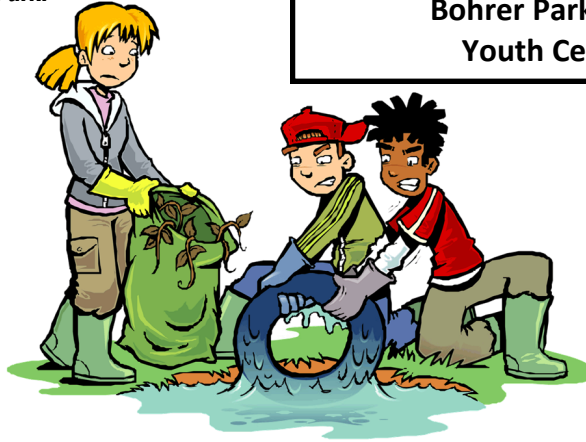
## Activity Center at Bohrer Park

506 S Frederick Ave. Gaithersburg, MD 20877  
*Transportation is provided to/from the  
Water Treatment Plant and Morris Park.*

**Student Union**  
**Grades 9-12**

**SSL Hours! FREE!**

StudentUnion@gaithersburgmd.gov  
301-258-6350 (office)  
301-948-8364 (fax)  
506 South Frederick Avenue  
Gaithersburg, MD 20877



Tour the Wastewater Treatment Plant in Germantown followed by a stream clean project at Morris Park. Wear closed-toed shoes, long pants, & clothing you can get dirty. Work gloves are provided. Bring a lunch and water.  
WSSC waiver must be signed by parent/guardian.  
Transportation is available to the Youth Centers & Bohrer Park at the end of the program.  
Youth Centers are open until 6pm.



## Student Union - Water Treatment Tour & Stream Clean 4.17.19

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			WSSC/Stream Clean	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
Please specify: \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ n/a \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_  
Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

**Office Use Only: # fwd to Maura**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_